

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767525

1. Entity Name

NORTH FORT MYERS SENIOR CENTER INC.

Principal Place of Business

5170 ORANGE GROVE BLVD.
NORTH FORT MYERS FL 33903

Mailing Address

5170 ORANGE GROVE BLVD.
NORTH FORT MYERS FL 33903-5238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2382625

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUSTER, GEORGE
1005 SE 40TH ST
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: PELTON, JAMES
STREET ADDRESS: 505 EDINBURGH DR
CITY-ST-ZIP: N. FT MY ☐ Delete

TITLE: SD
NAME: LIBBY, SILVIA
STREET ADDRESS: 1746 HANSON STREET
CITY-ST-ZIP: FORT MYERS FL 33901 ☐ Delete

TITLE: P
NAME: CUSTER, GEORGE
STREET ADDRESS: 1005 SE 45TH ST
CITY-ST-ZIP: CAPE CORAL FL 33904 ☐ Delete

TITLE: D
NAME: PHILLIPS, MARY
STREET ADDRESS: 44 ESTATE DR
CITY-ST-ZIP: N. FORT MYERS FL ☐ Delete

TITLE: TD
NAME: CUSTER, MILDRED
STREET ADDRESS: 1005 S.E. 40TH STREET
CITY-ST-ZIP: CAPE CORAL FL 33904 ☐ Delete

TITLE: D
NAME: MANGANO, JANET
STREET ADDRESS: 521 SE 4TH ST
CITY-ST-ZIP: CAPE CORAL FL 33990 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD
NAME: PELTON, JAMES
STREET ADDRESS: 629 W. Archer Pkwy.
CITY-ST-ZIP: CAPE CORAL, FL 33904 ☒ Change ☐ Addition

TITLE: D
NAME: GREENE, VERNON
STREET ADDRESS: 506 SW 7TH TERRACE
CITY-ST-ZIP: CAPE CORAL, FL 33991 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildred L. Custer, Treas.

2/1/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE